



INDIANA
WORKFORCE
DEVELOPMENT
AND ITS **WorkOne** CENTERS

FIDELITY BOND CERTIFICATION FORM

JOB PLACEMENT AGENCY: Indiana Department of Workforce Development
10 North Senate Avenue
Indianapolis, IN 46204

EMPLOYER RECEIVING BOND: **DATE AFFIRMED** ____/____/____

COMPANY/AGENCY NAME _____

CONTACT PERSON NAME _____ NAICS CODE _____

CONTACT PHONE NUMBER (____) ____ - ____

ADDRESS _____

CITY/STATE/ZIP _____

WORKER COVERED BY BOND O*NET OCCUPATION CODE _____

LAST NAME _____ FIRST NAME _____

BOND EFFECTIVE DATE ____/____/____ SOCIAL SECURITY LAST FOUR # _____

BOND INSURANCE AMOUNT: **TOTAL AMOUNT**

NEW _____

\$ _____,000

RENEWAL _____

\$5, 10, 15, 20, OR 25K

SIGNATURE (WORKONE STAFF)

(____) ____ - ____
TELEPHONE #

CENTER NAME/ADDRESS/CITY/STATE/ZIP

OFFICIAL BOND INSURANCE STAMP (S)*

***Affirm one stamp for each \$5,000 of bond insurance issues(e.g., minimum total bond issue is \$5,000 & requires only one (1) stamp; maximum is \$25,000 & required five (5) stamps).**

SIGNATURE (STATE BONDING COORDINATOR)

(____) ____ - ____
TELEPHONE #

(Justification on back, additional pages can be attached)

JUSTIFICATION FOR ISSUE OF BOND: _____

OPERATIONAL DEFINITIONS

EMPLOYER RECEIVING DONE: DATE AFFIRMED: This is the date that the employer agreed (verbally) to hire a job applicant referred by the WorkOne Center on condition that a Fidelity Bond would be issued to the employer. This date cannot be later than the applicant's first day of work (see BOND EFFECTIVE DATE BELOW), but can be the same day that the applicant is scheduled to start work.

WORKER COVERED BY BOND: This is any individual who has a record of arrest, conviction or imprisonment (including anyone who has been on probation and/or released from jail or prison) or is otherwise considered “at-risk” due to any of the following circumstances; is in substance abuse recovery (history of alcohol or drug abuse); welfare recipient and others having poor financial credit history and/or ever declared personal bankruptcy; was discharged dishonorably from the military; is “economically disadvantaged” and lacks a work history; or for other reasons lacks personal credibility that is a barrier to employment which can be removed by issuance of a Fidelity Bond.

BOND EFFECTIVE DATE: This is the date schedules by the employer as the first day of work for the job applicant. The bond insurance begins on the date and remains in effect for a six-month duration.

BOND INSURANCE AMOUNT: This is the dollar amount of insurance provided by the Fidelity Bond to protect the employer against any employee dishonesty. The TOTAL AMOUNT identified can be either \$5, 10, 15, 20, or 25K (no other amounts are acceptable; \$5K is the minimum bond amount; \$25K is the maximum). It should be noted that the bond issued has no deductible amount; therefore, the employer receives coverage for the full bond insurance amount.

NEW or RENEWAL: This space is to designated with a “check mark” whether the bond issues is NEW i.e., first time a bond is being issued to the employer to cover the specific worker) or is a RENEWAL (i.e. a second six-months of free insurance is being issued to the employer covering the same worker).

OFFICIAL BOND INSURANCE STAMP(S): The organization that purchased a Fidelity Bond package for The McLaughlin Company was provided a set of stamps, one or more of which is to be affixed to each FIDELITY BOND CERTIFICATION FORM, whether now or renewal. Each stamp represents one unit of bonding/\$5,000 insurance coverage for a six-month duration

SIGNATURE WORKONE STAFF: This is the staff person preparing the form that will forward it to the State Bonding Coordinator. The phone number of the staff person preparing and forwarding the form must be provided.